

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates All Routes			County Suprober 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Powell		39		Lodge Elementary		0712	
Route #	Length of Rout	e (miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity	
4	136		Bus R	toute Mileage	_	72	
Vehicle I.D. #	License #		□ District	: Owned ct - If so, Name of Owner	District Own	ed	
0778	206			cted rate per mile			
Reimbursement Distribution- En	iter the legal enti		e of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Ent		Legal E		Legal Entit	у	
0712							
% 100.00	%		%		%		
PASSENGER INFORMATION		EL EMENTA DV DIDE	-00	LUQUI QQUIQQI B	IDEDO	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	=K5	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/kriders)	Kindergarten	TVOIVIDEIX		HOMBER		u · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement fo this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for r bus operates on the route as ap	0			•	,	· ·	
Signature - Chair, Board of Trustees		and the transportation se	n vioc area a	congress by the county fran	Date		
County 1 This Application for Registration area assigned to it by the Count	of School Bus a	nd State Reimbursement		accordance with Section eviewed and I certify that thi			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev					one form for ea	ch bus route that	
Due Dates All Routes	:		County Supt ober 1	To OPI October 15		Rate Per Mile \$1.15	
County Name		County Number	District	Name		Legal Entity Number	
Powell Route #	Length of Route (miles per day)			Lodge Elementary Service Bus Route Mile	eage	0712 Rated Capacity	
1	100.2		Bus R	□ Non Bus Milea Coute Mileage	age	53	
Vehicle I.D. #	License :	#	□ District	: Owned C ct - If so, Name of Owner	District Owner	ed	
9329	195		□ Contra	cted rate per mile			
Reimbursement Distribution- En	ter the legal en		e of state/conatch budget		aid to each dist	trict. Note: Percentages	
Legal Entity 0712	Legal Er	ntity	Legal E	ntity	Legal Entity	/	
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY RID	TDC .	LIICH SCHOOL BI	DEDC	TOTAL	
Number of Preschool/Kindergart riding this route	en pupils	(Grades PK-8)	EKS	HIGH SCHOOL RI (Grades 9-12		ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/K riders)	indergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)						
TOTAL RIDERS							
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I certify that this application for rubus operates on the route as ap					sportation Con		
Signature - Chair, Board of Trustees					Date		
County T This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								
Due Dates All Routes				County stober 1	Supt	To OPI October 15		Rate Per Mile \$1.15
County Name			County Number	District Name				Legal Entity Number
Powell 39						odge Elementary		0712
Route #	Length of	Route	(miles per day)	Тур	pe of	Service ☐ Bus Route Mil ☐ Non Bus Milea		Rated Capacity
1 A	87.2			Bu	us R	oute Mileage	ige	53
Vehicle I.D. #	Lice	nse #				Owned Ct - If so, Name of Owner	istrict Own	ed
9329	195			□ Co	ontrac	cted rate per mile		
Reimbursement Distribution- En	nter the lega	al entity		ge of stat match bu			id to each dis	trict. Note: Percentages
Legal Entity 0712	Leg	al Entity			gal Er		Legal Entit	у
% 100.00	Q	%			%		%	
PASSENGER INFORMATION			ELEMENTARY RID)EDC		LIICH CCHOOL BII)EDC	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)			HIGH SCHOOL RII (Grades 9-12)		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/h riders)	Kindergarten		NOMBER			NOMBER		a · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
Signature - Chair, Board of Trustees		aria vvill	are transportation s	or vioc ai	. ou a	Joighou by the County Trans	Date	
	_		-					
This Application for Registration area assigned to it by the Count	of School ty Transpor	Bus and tation C	d State Reimbursemen			accordance with Section 2 viewed and I certify that this	bus operates	
Signature - Chair, County Transporta	ation Commit	ttee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e								
Due Date All Routes				County ctober 1		To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	D	District	Name		Legal Entity Number
Powell			39			_odge Elementary		0712
Route #	Leng	gth of Rou	ite (miles per day)	Т	Type of	Service Bus Route Mil Non Bus Milea		Rated Capacity
6A	9			E	Bus R	oute Mileage		72
Vehicle I.D. # 0777		License :	#		Contra	ct - If so, Name of Owner	istrict Own	ed
Reimbursement Distribution- E	nter the		tity number and percenta			cted rate per mile untv reimbursement to be pa	id to each dis	trict. Note: Percentages
Legal Entity		Legal Er	must	match b		!	Legal Entit	
0712		Legal Li	nuty		eyai Li	muty	Legal Lilli	y
% 100.00		%			%		%	
PASSENGER INFORMATION				_				_
Number of Preschool/Kinderga riding this route	rten pu	ıpils	ELEMENTARY RI (Grades PK-8			HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/ riders)	Kinderg	garten	NOWBER			NOWIDER		a · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Servic	e						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	dance							
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)		riders)						
TOTAL RIDERS								
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from so we understand that violations of this bus route. We agree that if this route crosses the school boards of both districts see we understand route changes of accordance with 20-10-132, MCA.	We furt bus and meets ensed, liciting of the law es distri-	ther certify bus route the minimu qualified are causing or causing or the causing of the causing	that this bus transports pupil by the State Superintendent im standards as established and approved driver to operat others to solicit students fror regulations governing school d transports students from on the county superintendent's	ils eligible t; to make I by the Bo te such ve m other tr ol transpo utside the s copy of	e for sch e such re oard of ehicle a ransport ortation v e district this doo	pool transportation as defined by eports to the State Superintende Public Education, the Montana Is required by 20-10-103, MCA. tation areas. will be sufficient cause for withhout, a copy of the agreement betweenth.	20-10-101, MC, nt and County S dighway Patrol a olding of state and the Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for bus operates on the route as a								
Signature - Chair, Board of Trustees		.,				o za zy z z zamy mana	Date	
County This Application for Registration area assigned to it by the Coun	n of Sc	hool Bus	and State Reimburseme			accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transport	_	_					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accords receives state reimbursement of Due Date All Routes	even th		sportees of another lega		ilize the serv		!	Rate Per Mile \$1.36
County Name			County Number	District	Name			Legal Entity Number
Powell			39	Deer L	Deer Lodge Elementary			0712
Route #	Length of Route (miles 83.6			Type of	Service	Bus Route Mile Non Bus Milea		Rated Capacity 62
Vehicle I.D. #	03.	License	#	☐ Bus R	oute Milea	•	strict Own	
2475		35		□ Contrac		me of Owner	other own	
Reimbursement Distribution- E	nter th	e legal en		age of state/co		sement to be pai	d to each dis	trict. Note: Percentages
Legal Entity 0712		Legal E		Legal E			Legal Entity	/
% 100.00		%		%			%	
PASSENGER INFORMATION		T		DEDC	1110	ALL COLLOCK DID	TDC .	TOTAL
Number of Preschool/Kinderga riding this route	rten pu	upils	ELEMENTARY RII (Grades PK-8		HIG	GH SCHOOL RID (Grades 9-12)	EKS	TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/ riders)	Kinderg	garten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Servic	ce						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinder	dance							
Nonpublic School Riders (ineligible)		nuers)						
TOTAL RIDERS								
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Signature - Chair, Board of Trustee		eu by and	within the transportation	service area a	ssigned by ti		Date Date	millee.
			Committee A.			with Coat' Co	40 400 110	
This Application for Registration area assigned to it by the Coun	n of So ity Trai	chool Bus nsportatio						
Signature - Chair, County Transport	tation C	Committee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex							
Due Dates All Routes			County Suprober 1	t To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Powell		39		Lodge Elementary		0712	
Route #	Length of Rou	te (miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity	
2	72		T '	toute Mileage		62	
Vehicle I.D. # 2475	License a	7		Owned [ct - If so, Name of Owner cted rate per mile	District Own	ed	
Reimbursement Distribution- En	ter the legal en		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0712	Legal Er		natch budget Legal E		Legal Entit	У	
% 100.00	%		%		%		
PASSENGER INFORMATION	70						
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/K	Kindergarten	Nomber		Nomber		u · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for r bus operates on the route as ap	0			•	,	9	
Signature - Chair, Board of Trustees		mann the transportation se	5. 7100 arca a	congrict by the County Har	Date		
County T This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursement		accordance with Section aviewed and I certify that this			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.							
Due Dates All Routes			County Suprober 1	t To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Powell		39		Lodge Elementary		0712	
Route #	Length of Rout	e (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity	
2 A	69.5		Bus R	toute Mileage		62	
Vehicle I.D. #	License #		□ District	: Owned ct - If so, Name of Owner	District Own	ed	
2475	35		□ Contra	cted rate per mile			
Reimbursement Distribution- En	ter the legal enti		e of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity 0712	Legal En		Legal E		Legal Entit	у	
0712							
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY RIDE	EDC	HIGH SCHOOL R	IDEDS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)	LINO	(Grades 9-12		ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/kriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)	actor made of						
TOTAL RIDERS							
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Signature - Chair, Board of Trustees		are adhoportation se	1100 urca a	established by the county Har	Date		
County T This Application for Registration area assigned to it by the Count	of School Bus a	ind State Reimbursement		accordance with Section eviewed and I certify that this			
Signature - Chair, County Transporta	ation Committee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

								-	
				Chapter 10, Part 1, MCA ortees of another legal or				one form for e	
	Due Dates	:		To (County Sup	t	To OPI		Rate Per Mile
	All Routes			Octo	ober 1		October 15		\$1.57
County Name County Num				County Number	District	District Name			Legal Entity Number
Powell				39	Deer	Lodge Ele	mentary		0712
Route #		Length of	Route	(miles per day)		Service [Bus Route Mil		Rated Capacity
3		69.6			Bus F	oute Mile	□ Non Bus Milea age	ige	78
Vehicle I.D. #	•	Lice	nse #		□ Distric	Owned	D	istrict Own	ied
9330		194	ļ			ct - If so, Na cted rate pe	me of Owner r mile		
Reimbursement D	istribution- Ent	ter the lega	al entity				rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Leg	al Entit		natch budge Legal E			Legal Entit	ty
0712									
% 100.00)	q	%		%			%	
PASSENGER INF	ORMATION								
Number of Presch	ool/Kindergart	en pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route									
				a NUMBER			b NUMBER		c a + b
Regular (include eligi	ible Preschool/K	indergarten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)								
Additional Wheelchai	irs (WC)								
Non-WC IEP Lists Tr	ans as Related	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho									
agreement) (Include ineligible Pre									
Nonpublic School Ric	ders (ineligible)	arten nacio,							
TOTAL RIDERS									
We hereby certify	that this bus will	l operate en	tirely on	the route established by th	e Board of Tr	I ustees and wit	hin the transportati	on area assign	ed and approved by the
				t this bus transports pupils the State Superintendent; to					
				standards as established by approved driver to operate				Highway Patrol	and the State
				ers to solicit students from outlations governing school t			nt cause for withho	olding of state a	nd county reimbursement for
this bus route. We agree that if the	nis route crosses	s district line	s and tra	ansports students from outs	side the distric	t, a copy of the	e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
				e county superintendent's o hool year require the filing			nd approval of the	County Transpo	ortation Committee in
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								edge and belief, and the	
I certify that this application for registration of school bus and state reimbursement is true and complete to bus operates on the route as approved by and within the transportation service area assigned by the Council Signature - Chair, Board of Trustees									
olghatule - Ollali, Bu	and or musices							Dale	
This Assets of				ommittee Approval as					
This Application to area assigned to it					nas been re	eviewed and	i certify that this	bus operates	within the transportation
Signature - Chair, Co	ounty Transporta	tion Commit	tee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title	e 20 C	Chanter 10 Part 1 MCA	School	district officia	l must complete o	ne form for e	ach bus route that
receives state reimbursement e								
Due Dates	s:		To C	ounty Su	pt	To OPI		Rate Per Mile
All Routes				ber 1		October 15		\$1.57
County Name			County Number	Distric	t Name			Legal Entity Number
Powell			39		Lodge Ele			0712
Route #	Length of F	Route	(miles per day)	Туре		☐ Bus Route Mile		Rated Capacity
3 A	65.6			Bus	Route Mile	□ Non Bus Milea eage	ge	78
Vehicle I.D. #	Licen	se#		□ Distri	ct Owned	D	istrict Own	ed
9330	194				act - If so, Nacted rate pe	ame of Owner er mile		
Reimbursement Distribution- En	iter the legal	entity				ursement to be pa	id to each dis	strict. Note: Percentages
Legal Entity	Lega	I Entity		atch budg Legal			Legal Entit	у
0712					-			
% 100.00	%			%			%	
PASSENGER INFORMATION	70			/0			/0	
			ELEMENTARY RIDE	RS	HI	IGH SCHOOL RIE		TOTAL
Number of Preschool/Kindergar riding this route	ten pupiis		(Grades PK-8)			(Grades 9-12)		ELIGIBLE RIDERS
			a			b		С
			NUMBER			NUMBER		a + b
Regular (include eligible Preschool/k riders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	garteri riders)							
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee. \ We agree to supervision of this b	We further cer	tify that	this bus transports pupils e	eligible for s	chool transport	tation as defined by	20-10-101, MC	A.
required; to provide a vehicle which is Superintendent; and to provide a lice	meets the min	imum s	tandards as established by	the Board	of Public Educa	ation, the Montana ⊦		
We also agree to refrain from soli We understand that violations of	iciting or causi	ing othe	ers to solicit students from o	ther transp	ortation areas.	,	lding of state o	nd county reimbureament for
this bus route.		_		•			_	-
We agree that if this route crosse the school boards of both districts sh We understand route changes on	nall be attache	d to the	county superintendent's co	opy of this o	ocument.	· ·		
accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees			,		<u> </u>		Date	
						W 5 " "	. 10 105 -5	
This Application for Registration area assigned to it by the Count	of School B	us and						
Signature - Chair, County Transporta			ommittee.				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement	even thou	vices.		Data Dan Mila				
Due Date	es:		To Co	unty Supt	:	To OPI	ŀ	Rate Per Mile
All Route	S		Octob	er 1		October 15		\$1.57
County Name			County Number	District	Name		Legal Entity Number	
Powell				Deer I	Deer Lodge Elementary			0712
Route #	Length	of Route	(miles per day)		Service	☐ Bus Route Mile		Rated Capacity
6	43.2			Bus R	oute Mile	□ Non Bus Milea age	ge	72
Vehicle I.D. #	Lic	cense #		□ District	Owned	D	istrict Owne	ed
0777	20	05			ct - If so, Na cted rate pe	me of Owner r mile		
Reimbursement Distribution- E	nter the le	gal entity				rsement to be pa	id to each dist	rict. Note: Percentages
Legal Entity	Le	egal Entity		tch budget Legal E			Legal Entity	1
0712			•		,		,	
% 100.00		%		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergariding this route	arten pupils	S	ELEMENTARY RIDER (Grades PK-8)	RS	HI	GH SCHOOL RID (Grades 9-12)	DERS	TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool riders)	/Kindergarte	en						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Relate	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e. miles OR nonresident and no atten agreement)								
(Include ineligible Preschool/Kindel Nonpublic School Riders (ineligible		rs)						
TOTAL RIDERS								
We hereby certify that this bus vaccounty Transportation Committee. We agree to supervision of this required; to provide a vehicle which Superintendent; and to provide a lie. We also agree to refrain from so we understand that violations of this bus route. We agree that if this route cross the school boards of both districts we understand route changes of accordance with 20-10-132, MCA.	We further bus and bus and bus and bus meets the censed, quabliciting or caf the laws, reses district lineshall be atta	certify that is route by to minimum salified and a ausing other regulars or regulars and training to the to the decided to the	t this bus transports pupils eli the State Superintendent; to r standards as established by the approved driver to operate su ers to solicit students from othe ulations governing school transports students from outside county superintendent's cop	gible for sch make such ro he Board of ch vehicle a her transport nsportation v e the district by of this doo	ool transporta eports to the Public Educa s required by ation areas. will be sufficient, a copy of the cument.	ation as defined by 2 State Superintender tion, the Montana H 20-10-103, MCA. ent cause for withhole e agreement between	20-10-101, MCA nt and County S lighway Patrol a Iding of state an en Boards, 20-1	d county reimbursement for 0-126(2) MCA, signed by
I certify that this application for bus operates on the route as a	•					•	•	•
Signature - Chair, Board of Trustee		-	•		<u> </u>		Date	
County This Application for Registratio			ommittee Approval as re					
area assigned to it by the Cour	nty Transp	ortation C		as Deen le	vieweu and	r ceruiy triat triis	'	within the transportation
Signature - Chair, County Transpor	rtation Comi	mittee					Date	



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 County Name County Number District Name Legal Entity Number Powell County High School Powell 0713 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 95 Bus Route Mileage Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner 5508 D386 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0713 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee

Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e							one form for e	ach bus route that
	Ū	папэр	· ·	, ,				Rate Per Mile
Due Date: All Routes			To Co Octo	ounty Supt ber 1	i	To OPI October 15		\$0.95
County Name			County Number	District	Name			Legal Entity Number
Powell			39	Powel	I County	High School		0713
Route #	Length of Route (miles per day)				Service	□ Bus Route Mil		Rated Capacity
28-C-1-42	108			Rue P	oute Mile	☐ Non Bus Milea	age	48
Vehicle I.D. #	<u> </u>	nse #		-	Owned		Contractor (
5316	218	3		□ Contra		ame of Owner F		
Reimbursement Distribution- Er	nter the lega	al entity				ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Leg	al Entity		atch budget Legal E			Legal Entit	ry
0713								
% 100.00 PASSENGER INFORMATION	9	6		%			%	
		Т	ELEMENTARY RIDE	RS	HI	GH SCHOOL RI		TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)			(Grades 9-12)	ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kindero								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts sl	We further ce ous and bus ro meets the mi ensed, qualifi iciting or caus the laws, rule es district lines hall be attach	ertify that oute by to nimum sed and a sing other es or reg s and traded to the ed to the	this bus transports pupils e the State Superintendent; to standards as established by approved driver to operate s ers to solicit students from of ulations governing school transports students from outside county superintendent's co	ligible for sch make such ro the Board of uch vehicle a ther transport ansportation of the district by of this doo	nool transport eports to the Public Educa s required by tation areas. will be sufficion t, a copy of the cument.	tation as defined by State Superintende ation, the Montana ly 20-10-103, MCA. ent cause for withhome agreement between	20-10-101, MC ent and County s Highway Patrol olding of state a een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA. I certify that this application for								
bus operates on the route as ap	proved by						sportation Cor	
Signature - Chair, Board of Trustees	5						Date	
This Application for Registration	of School	Bus and						
area assigned to it by the Coun Signature - Chair, County Transport			ommittee.				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	ince with Title 20,	Chapter 10, Part 1, MCA	A. School di	strict official must con	nplete one form for	each bus route that	
receives state reimbursement e	ven though trans		, ,			Rate Per Mile	
Due Date All Routes			ounty Suprober 1	t To OPI October	15	\$0.95	
County Name		County Number	District	Name		Legal Entity Number	
Powell		39	Helm	/ille Elementary		0717	
Route #	Length of Route	e (miles per day)	Type of Service ☐ Bus Ro		oute Mileage us Mileage	Rated Capacity	
15B	73		Bus R	toute Mileage		24	
Vehicle I.D. #	License #		□ District	: Owned ct - If so. Name of Ow	District Ow	ned	
2366	174		Contract - it so, Name of Owner Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal enti				o be paid to each d	istrict. Note: Percentages	
Legal Entity 0717	Legal Ent		must match budget! Legal Entity			Legal Entity	
% 100.00	%		%		%	9/.	
PASSENGER INFORMATION	70		70		70	•	
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS	
		a NUMBER			b IBER	c a+b	
Regular (include eligible Preschool/liriders)	Kindergarten	NOWIBER		NOIV	IDLK	a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		,			Date		
This Application for Registration	n of School Bus a						
area assigned to it by the Coun- Signature - Chair, County Transport		Committee.			Date		



2nd Wheelchair (WC)

agreement)

TOTAL RIDERS

Additional Wheelchairs (WC)

TOTAL ELIGIBLE RIDERS

Nonpublic School Riders (ineligible)

Non-WC IEP Lists Trans as Related Service

Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance

(Include ineligible Preschool/Kindergarten riders)

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 County Name County Number District Name Legal Entity Number Helmville Elementary 0717 Powell Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 15C 20 48 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 5598 133 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0717 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC)

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are

required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

· · · · · · · · · · · · · · · · · · ·	
Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Due Dates:	This form is required in accorda	nce with Title 20), Chapter 10, Part 1, MCA	A. School di	strict official must compl	ete one form for e	ach bus route that	
County Name County Name	receives state reimbursement e	ven though trans	sportees of another legal e	entity may ut	ilize the services.		Rate Per Mile	
County Name County Number District Name Legal Entity Number District Owned District O						\$0.95		
Powell 39 Garrison Elementary 0718 Route # Length of Route (miles per day) Type of Service Dist Route Mileage District Owned								
Rated Capacity 28	County Name		County Number	nber District Name			Legal Entity Number	
Section Passes								
Vehicle I.D. ## License ## District Owned District Owned S787 District Owned Contract. If so, Name of Owner Contract	Route #	Length of Rou	te (miles per day)	Type of			Rated Capacity	
Reimbursement Distribution- Enter the legal entity number and percentage of statectounty reimbursement to be paid to each district. Note: Percentages must match budged! Legal Entity O'18 Legal Entity Uegal Entity Uegal Entity We 100.00 We 9% RELEMENTARY RIDERS (Grades PK-8) Reputer (include eligible Preschool/Kindergarten pupils riders) Reputer (include eligible Preschool/Kindergarten pupils riders) Reputer (include eligible Preschool/Kindergarten pupils riders) 1st Wheelchar (WC) 2nd Wheelchar (WC) Additional Wheelchars (WC) TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) Region of the Peschool/Kindergarten inders) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) Region of the Peschool/Kindergarten inders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) Region of the peschool/Kindergarten inders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) Region of the peschool/Kindergarten inders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) Region of the peschool/Kindergarten inders) We agree to supervision of this bus and bus route by the State Superintendent and County Superintendent are assigned and approved by the Superintendent of Public Education, the Montane Hally Park Park of the State Superintendent and County Superintendent are required to provide a licensed, qualified and approved drive to operate such venicle as required by 20-10-10, MCA. We agree that if this route crosses district lines and transports substitute from outside the district, a copy of the agreement between Boards, 20-10-126/2/ MCA, signed by the sortice boards of both districts shall be attached to the county superintendent can be on the route as approved by and within the transportation service are assigned b	•			Bus R			1 = .	
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity	Vehicle I.D. #	License #	‡				ned	
Legal Entity 0718 Legal Entity 0718 Legal Entity 0718 Legal Entity 0718 % 100.00 % % % % PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Number of Preschool/Kindergarten pupils A	8787	237						
Legal Entity 0718 PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) NUMBER	Reimbursement Distribution- En	iter the legal ent				oe paid to each di	strict. Note: Percentages	
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) TOTAL ELIGIBLE RIDERS (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades PK-8) (Grades PK-8) (Grades 9-12) (ELIGIBLE RIDERS (Grades PK-8) (Grades PK-8) (Grades 9-12) (ELIGIBLE RIDERS (Grades PK-8) (Grades PK-8) (Grades 9-12) (ELIGIBLE RIDERS (Grades PK-8) (Grades PK-8) (Grades 9-12) (ELIGIBLE RIDERS (Grades PK-8) (Grades 9-12) (ELIGIBLE RIDERS (Grades PK-8) (Grades PK-8) (Grades 9-12) (ELIGIBLE RIDERS (Grades PK-8) (Grades PK-8) (Grades 9-12) (Grades PK-8)	Legal Entity	Legal Er				Legal Entity		
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PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (GRADES (GRADES ELIGIBLE RIDERS ELIGIBLE RIDERS (GRADES ELIGIBLE RIDERS (GRADES ELIGIBLE RIDERS ELIGIBLE RIDERS (GRADES ELIGIBLE RIDERS (GRADES ELIGIBLE RIDERS ELIGIBLE RIDERS (GRADES ELIGIBLE RIDERS ELIGIBLE RIDERS ELIGIBLE RIDERS (GRADES ELIGIBLE RIDERS ELIGIBLE RIDERS (GRADES ELIGIBLE RIDERS ELIGIBLE RIDERS ELIGIBLE RIDERS (GRADES ELIGIBLE RIDERS ELIGIBLE RIDERS ELIGIBLE RIDERS (GRADES ELIGIBLE RIDERS ELIGIBLE RIDERS ELIGIBLE RIDERS ELIGIBLE RIDERS (GRADES ELIGIBLE RIDERS ELIGIBLE RIDERS ELIGIBLE RIDERS ELIGIBLE RIDERS ELIGIBLE RIDERS ELIGIBLE RIDERS (GRADES ELIGIBLE RIDERS ELIGI	% 100.00	0/2		0/2		0/2		
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS riding this route		70		70		70	_	
Regular (include eligible Preschool/Kindergarten riders) Regular (include eligible Preschool/Kindergarten riders) Ist Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (iie., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We stop to supervise with off this bus and fast route by the State superintendent, by me board of Public Endowled and County Superintendent as are State of Public Endowled and State of Public Endowled and County Superintendent and county Superintendent and county Superintendent and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. Certify that this application for registration of school bus and state reimbursement is true a	Number of Preschool/Kindergar	ten nunils		ERS				
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	orginature - Orian, board or Trustees					Date		
This Application for Degistration of Cabool Due and Ctate Deimburgement has been reviewed and I contifu that this has appreted within the transportation								
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.				has been re	eviewed and I certify tha	t this bus operates	s within the transportation	
Signature - Chair, County Transportation Committee Date						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

						oncor rour	2000 200			
		ven thooss:				tilize the servi			ach bus route that Rate Per Mile \$0.95	
County Name				County Number	Distric	Name			Legal Entity Number	
Powell				39	Avon	Elementary	/		0720	
Route #		Length	h of Rout	te (miles per day)		f Service	Bus Route Mile		Rated Capacity	
2		27		Bu		□ Non Bus Milea Bus Route Mileage		ge	30	
Vehicle I.D. #		L	_icense #	□ District Owned		•	District Owned			
5272		6	65	□ Contract - If so, Name of Owne □ Contracted rate per mile						
Reimbursement D	istribution- En	nter the	legal ent				sement to be pa	id to each dis	strict. Note: Percentages	
Legal Entity 0720		-	Legal En	must match bud I Entity Lega				Legal Entit	Entity	
% 100.00)		%		%			%		
PASSENGER INF									_	
Number of Presch riding this route	ool/Kindergar	ten pup	ils	ELEMENTARY RII (Grades PK-8		HIGI	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
				a NUMBER			b NUMBER		c a + b	
Regular (include elig	ible Preschool/k	Kindergaı	rten	.,,,,,,					<u> </u>	
1st Wheelchair (WC))									
2nd Wheelchair (WC	;)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Trans as Related Service										
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)			lers)							
TOTAL RIDERS										
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area assigned to i	or Registration t by the Count	of School ty Trans	ool Bus a sportation						cA. within the transportation	
Signature - Chair, Co	Signature - Chair, County Transportation Committee							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates All Routes			ounty Suprober 1	t To OPI October 15		Rate Per Mile \$0.95	
County Name		County Number	District	Name		Legal Entity Number	
Powell		39	Avon Elementary			0720	
Route #	Length of Route	(miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile	-	Rated Capacity	
1	105.6		Bus Route Mileage		J	28	
Vehicle I.D. #	License #		□ District □ Contra	: Owned ct - If so, Name of Owner	District Owned		
0314	115						
Reimbursement Distribution- En		must m	atch budget	!			
Legal Entity 0720	Legal Entit	ty	Legal Entity		Legal Entity		
% 100.00	%		%		%	%	
PASSENGER INFORMATION			-		IDED?	T0711	
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/k	Kindergarten	NOMBER				a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)	arteri fidera)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for r bus operates on the route as ap	•			•	,	· ·	
Signature - Chair, Board of Trustees		are aurisportation so		esigned by the bounty Iral	Date		
This Application for Registration	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.						
Signature - Chair, County Transporta						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Gold Creek Elementary 0721 Powell Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 82 16 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 0378 234 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0721 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date